

THE STATE OF NEW HAMPSHIRE
JUDICIAL BRANCH
<http://www.courts.state.nh.us>

Court Name: _____
Case Name: _____
Case Number: _____
(if known)

AFFIDAVIT OF NURSING HOME ADMINISTRATOR (RSA 151-A:15)

I, the nursing home administrator, state the following:

1. Administrator's Name _____ Telephone Number _____
Nursing Home Name _____
Nursing Home Address _____
2. _____ was a resident at the above-named nursing home.
His/her Medicaid number was _____
His/her social security number was _____
3. The above-named resident was admitted to this nursing home on _____
and died on _____
4. Following are the contacts of the deceased resident; I am not aware of any other contacts.

Name and Address	Telephone Number	Relationship
_____	_____	_____
_____	_____	_____
5. Nursing home records:
☐ do not indicate that a will exists.
☐ include a will or copy of a will which is attached to this affidavit.
☐ indicate that a will is held by _____ who is listed in #4
above as a contact.
6. No one has filed for administration under RSA 553 in the county where the deceased last resided.
7. The gross value of the deceased's personal property remaining at the nursing home is
\$ _____ (This amount may not exceed \$2,500.)
8. The deceased's known debts or obligations are as listed below. (Attach additional sheets if
necessary.)

Administration Expenses	\$ _____
Necessary Charges for Burial	\$ _____
Widow's Allowance (if allowed by judge)	\$ _____
Taxes (allowed by Judge)	\$ _____
Expenses of Last Sickness (including Medicaid liability)	\$ _____
Other General Creditors	\$ _____
Support of Children under age 7	\$ _____

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9. I certify, in accordance with Probate Court Rule 21, that I have sent copies of this affidavit by first class mail to the following:

- (a) Department of Revenue Administration, Post Office Box 457, Concord, NH 03302-0457;
- (b) Office of Estate Recoveries, Department of Health and Human Services, 6 Hazen Drive, Concord, NH 03301; and
- (c) all known contacts as listed in #4 above.

10. I request authorization by the Court to pay all known debts of the deceased in accordance with statutory priorities, and to pay any remaining funds into the treasury of the county where the deceased was domiciled in accordance with RSA 151-A:15.

Date

Nursing Home Administrator Signature

State of _____, County of _____

This instrument was acknowledged before me on _____ by _____

My Commission Expires _____

Affix Seal, if any

Signature of Notarial Officer / Title

ORDER

☐ Authorization is Granted for the Nursing Home Administrator to pay all known debts of the decedent, as enumerated in #8 above or on the attached sheet(s), in accordance with statutory priorities, and to pay any remaining funds of the decedent into the treasury of the county where the deceased was domiciled in accordance with RSA 151-A:15.

☐ Authorization is Denied for the following reasons:

Date

Judge